From Infancy To Childhood

Richard M. Smith M.D.

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The Atlantic Monthly Press

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THE nationally known children's specialist and author of *The Baby's First Two Years* has written this new book, which will be of the greatest value in guiding the health and habits of children during the extremely important years from two to six.

The host of parents who have used the first book will find this second volume indispensable in continuing the development of the child.

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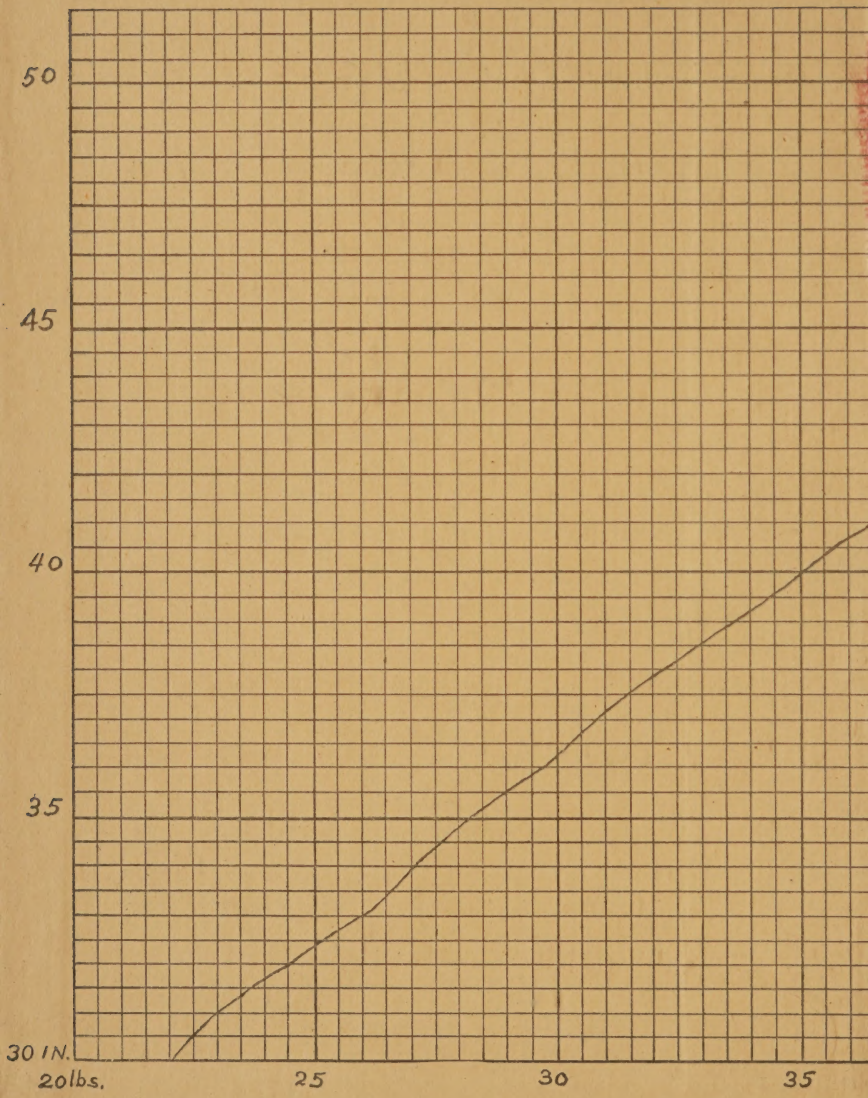
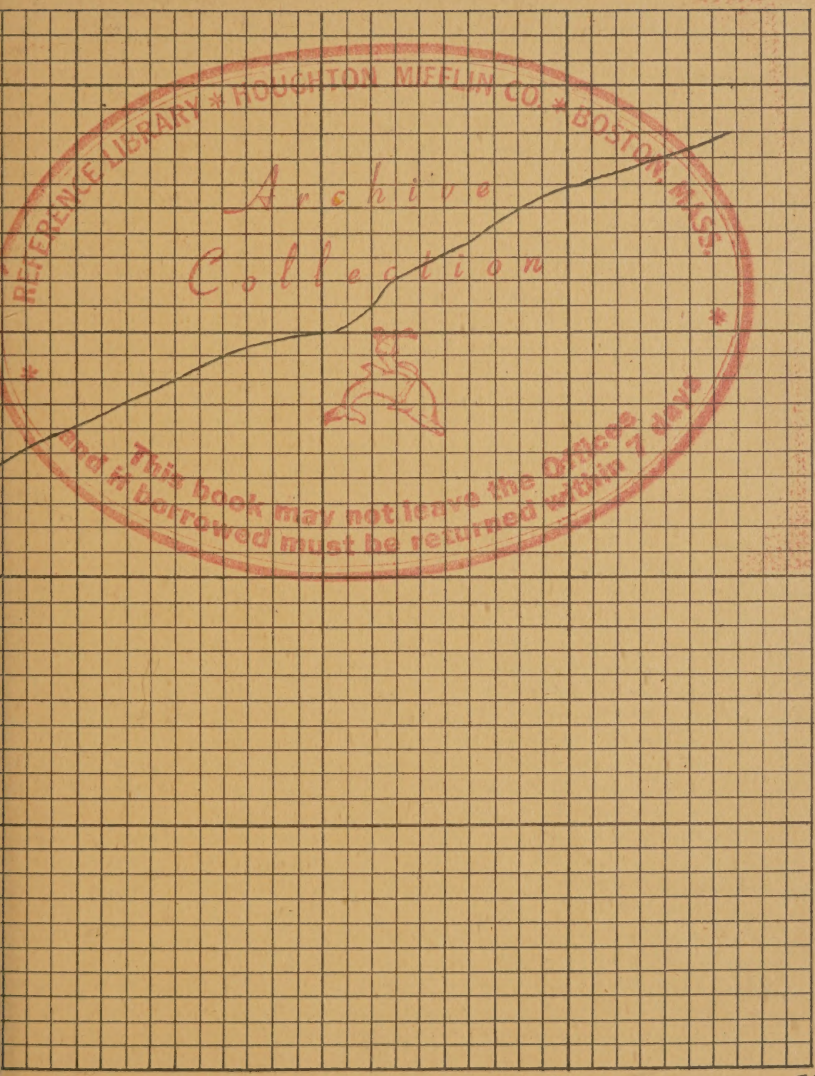
Richard M. Smith M.D.

AVERAGE HEIGHT AND WEIGHT PROGRESS (BOYS)





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FROM INFANCY TO CHILDHOOD

FROM INFANCY TO CHILDHOOD

THE CHILD FROM TWO TO SIX YEARS

BY

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To
My Mother
who kept my own childhood
healthy and happy

PREFACE

MANKIND'S attitude toward children has undergone a remarkable change during the passing of the centuries. This attitude is a fairly accurate index of the gradual progress of civilization. In ancient times children were considered in terms of their value as potential contributing members of society. The superfluous children were disposed of as unnecessary burdens and the weak or deformed were exposed to die. The strong were saved to be reared for the State, as fighting men in the army or as other public servants. Whether or not a child should be allowed to live was in some instances left to the father, in others, to a committee. Many children were reared at the expense of the State, which then had absolute control over them. Poverty and famine exercised a strong influence in the determination to eliminate superfluous and weak children, because of the expense of bringing up large families, especially the dependent members.

With the advent of the Christian era there developed a new point of view toward children. A new sympathy was born into the world. Pity for the infant took the place of the supreme right of the State. Constantine, the first Christian emperor, gave money to the poor to help them bring up their children. Later, in Rome, the exposure of children was liable to penalty. In the Middle Ages, under the ægis of the religious orders, asylums were established for abandoned children and foundlings. These institutions,

which grew rapidly, were almost entirely under the control of the Church, and the care of the babies was left to the Sisters. Religious duty prompted the work, but the physical care was often bad. The death rate was very high.

With the development of the sense of individual liberty, finding expression in and fostered by the French Revolution, personal rights commanded recognition throughout the world. Then came the child also into his own. It was realized that he had an inherent right to live, and that there was an obligation upon his parents and the community to surround him with the most favorable conditions for his development.

With progress in medicinal science there has come a great increase in our knowledge of how to take care of children. We understand better the facts of normal growth and development and their determining influences; we know more about disease—its cause, prevention, and treatment. There has been a steady decline in infant mortality all over the world. Hospitals for children have been established in all the large cities. In the medical schools special departments have been developed, in which the care of children is taught. Public officials entrusted with safeguarding the health of the community have placed increasing emphasis on work with children. At the present time the child has a better chance of living to mature age than at any previous time in the history of the world. Medical science, the community conscience, and the increasingly intelligent care of parents are contributing to this end.

The transition from infancy to childhood comes between the ages of two and six years. This is a period of great

physical and mental growth. Many perplexing problems in the care of the child are presented, which require more than native instinct for their solution. In this book I have indicated some of the rules which will, I trust, help parents to keep their children well, and I have suggested some other things which are intended to aid in mental training.

RICHARD M. SMITH

BOSTON, January, 1925

FIRST-AID SUGGESTIONS

BRUISES.—Apply cold water or alcohol.

BURNS.—Apply olive oil. Use no dressing. If deep or extensive, send for the doctor.

CHOKING.—If an object lodges in the windpipe and causes choking, call the doctor. Meanwhile, hold the child for a moment by his feet, head down, and give a few smart raps along the spine. This often loosens an object and discharges it.

CONVULSIONS.—To prevent biting the tongue, wind a bit of absorbent cotton round the handle of a spoon and slip it between the teeth.

If severe, put the child into a tub of warm water. Test the heat by *plunging your own arm into it, up to the elbow.* Send for the doctor.

CROUP.—Vomiting will relieve the cough; give a teaspoonful of syrup of ipecac, repeating, if necessary, every 15 or 30 minutes. Shut the windows and raise temperature of the room to at least 60°; let steam from boiling water mix with the air. Add compound tincture of benzoin to the boiling water.

CUTS.—If deep and bleeding profusely, apply sterile gauze, held close by a bandage. Call the doctor.

An ordinary cut needs only to be cleaned and kept clean. Wash thoroughly with soap and water, then apply tincture of iodine. Protect with a bandage.

DOG BITE.—Wash thoroughly. Wipe with iodine. Call the doctor. *Be sure to identify the dog.*

EARACHE.—Warm olive oil in the ear. External heat, *e.g.*, hot-water bag, *not too hot for tender skin.*

FAINT.—Lay child down with head lower than body. Give plenty of fresh air.

FIRST-AID SUGGESTIONS

FOREIGN BODIES UP THE NOSE.—Close the other nostril and blow. *Do not try to remove object from the outside.*

FROSTBITE.—Thaw gradually. For a week or ten days apply cold cream before any new exposure to cold.

INFLAMMATION OF EYES.—Protect from very strong light. Wash with boric acid solution.

NAIL OR RUSTED METAL IN FOOT.—Cleanse thoroughly. Call doctor to decide question of radical treatment.

NOSEBLEED.—Keep the child quiet and ordinary bleeding soon stops. If persistent, pack the nostril with clean gauze and call the doctor.

POISON IVY.—Wash the affected skin thoroughly, and *as promptly as possible*, with strong soapsuds. If blisters form, protect with a thin bandage. Consult the doctor about inoculations.

POISONS in general.—Empty the stomach by giving an emetic—one teaspoonful syrup of ipecac. Call the doctor. Give special antidotes indicated below: —

CARBOLIC ACID: Saturated solution of Epsom salts, or white of egg.
OTHER ACID POISONS: Solutions of magnesia or soda.
ALKALI POISONS: Lemon juice or diluted vinegar.
ARSENIC: Magnesia (large dose), and raw egg.
CORROSIVE SUBLIMATE: White of egg.
PHOSPHORUS: Epsom salts (tablespoonful to a glass of water) or magnesia.

RASH, WITH FEVER.—Isolate, and call the doctor.

SPRAINS OR BROKEN BONES.—Support with bandage, on a pillow. *Keep perfectly still.* Call the doctor.

STING OF BEE OR WASP.—Carefully remove sting. Wash with alcohol.

SWALLOWING OBJECTS.—If without sharp edges or points, no harm need be feared.

If with sharp points or edges, give a piece of soft white bread to cushion these, and send for the doctor.

TEMPERATURE ABOVE NORMAL.—Put child to bed. Give plenty of cold water. Keep the bowels open.

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I

DOCTOR, MOTHER, AND NURSE

Every child, even though he seems in perfect health, should be given a complete physical examination by a physician every six months if possible, and at least once a year. It is desirable that these examinations be made by the same physician each time, in order that the record of progress may be judged from personal knowledge. Continuity of medical supervision gives the physician a familiarity with a child which is of great assistance to him in forming opinions, and it makes his advice of much greater value. The practice of periodic examinations is recognized as desirable for infants, but the mistake is often made of discontinuing it after the first birthday. Such an examination gives an opportunity for the doctor to advise the mother about the proper food for her child, and to suggest the right methods of bodily care and of establishing healthy mental habits. It determines whether or not a child is developing physically and mentally in a normal manner. Disturbances of growth which can be corrected in the early stages, if allowed to remain or develop further may become permanent and may

result in serious handicaps. Faulty mental habits may lead to fixed methods of action.

A mother should, as far as possible, take care of her own child. This will necessitate her willingness to put the child first in her interest and thought. But whether or not the mother does take entire care of her child, she should be familiar with everything that is done for him, and she should be able to do everything herself, if necessary. She should know how to prepare the food, in order to tell the nurse or nursemaid and in order to be able to judge whether it is done properly. She should arrange the daily routine and see that it is carried out. She should make the report to the doctor if the child is sick. No medicine should be given to a child without the knowledge and sanction of the mother. No substitute can replace the mother in an entirely satisfactory manner.

If a nurse or a governess is to be employed, she should be selected with the greatest care. It is important that she be sent to a physician for a thorough physical examination, to be sure that she herself has no disease which can be passed on to the child. When such an examination is the custom it will cause no embarrassment to anyone. It can generally be arranged, if tact is used. The education and temperament of the governess must be considered. A child

imitates the speech peculiarities, the manners, and the mental habits of the persons with whom he is associated. Environment is often stronger than heredity. If a child does not like a nurse or governess, it is usually best to make a change. The nervous reaction between a child and governess who are uncongenial is often the basis of a child's physical and mental ill-health.

II

THE NURSERY

FROM the time an infant begins to creep separate day and night nurseries should be provided for him. If this is not possible, the nursery which is used as a playroom during the day should be thoroughly aired before bedtime. Both the day and the night nursery should be screened as a protection from flies and mosquitoes, and should have bars in the windows to prevent the possibility of the children falling out.

A day nursery should be so situated that it may receive a maximum amount of sun, as it will be used especially during the winter months and on days when it is not suitable for children to go outdoors. The sun will help to keep it clean. The walls and floors should have a smooth surface which can be easily dusted. A soft buff tint is the best color for the walls. The furnishings should all be simple. Heavy draperies and furniture coverings should be avoided. Where possible the room should be lighted by electricity. If kerosene lamps are necessary, wall brackets above the child's reach will help to protect him against accidents.

The temperature of the room during the day should

be kept between 68° and 70° Fahrenheit. The heating should be such that the air is kept moist as well as warm. This is hard to accomplish, but it can be helped by placing basins of water or vessels made for the purpose on the radiators. Open fires are desirable, but a screen should be provided and fastened securely to the fireplace in order to prevent burns. Matches should be kept on a high shelf, beyond reach.

The night nursery should be furnished in the same manner as the day nursery. An iron or brass bed with sides is desirable, and a mattress which is moderately hard. The bedclothes should be of light weight. The windows should be open at night. The temperature of the room should be that of the outside air, unless below freezing, in which case care must be taken that the child does not receive frostbites. In very cold weather it may be necessary to leave a little heat in the room and not open the windows wide.

A sleeping-porch is a distinct advantage for most of the year. During the extreme cold weather of northern climates children under six years of age should sleep in the house at night. The midday nap may be taken out of doors.

In building a new house, or remodeling an old one for a family with children, rooms should be provided which can be isolated from the rest of the house in case

of illness. The ideal arrangement is to have two rooms and a bath. Some provision in these quarters should be made for cooking, preferably by either an electric or a gas stove. The rooms should be in the quiet part of the house and should be easily accessible to the back stairs, as food and other things will have to be sent to the rooms from the kitchen. One of the rooms, at least, should be sunny and have an open fireplace. These rooms should be finished and furnished like the nurseries.

III

PHYSICAL DEVELOPMENT

EVERY healthy child should make satisfactory progress in physical development. He should grow in height, in weight, and in bony and muscular structure. There is no exact standard with which we can compare the growth of any individual child. It is fair to say, perhaps, that in a large group of children those of a given age are approximately the same height, and those of a given height have approximately the same weight. It does not follow, however, that their bony and muscular development is the same, and certainly it is not true that their nutrition is uniform. The important thing to be considered at any one time with reference to any individual child is whether or not that particular child's nutrition is good, and whether or not his growth and development are satisfactory.

The comparison of an individual child's weight and height with the average measurements of children of his age furnishes only one means of determining his development. It is of much greater value to compare his own progress from one period to another. It is a well-known fact that growth and development do not

proceed at a uniform rate during the entire year, so that measurements taken at short intervals may not give an accurate record of progress. Children who are taller or shorter than the average for their age, or who are heavier or lighter than the average for their height, may be perfectly well developed in bony and muscular structure and may have excellent nutrition.

It is desirable that every child between the ages of two and six years of age be weighed and measured once a month at home. By keeping a measurement of his growth in height and in weight, the mother can determine whether or not he is making satisfactory progress so far as these two factors are concerned. At the beginning and end of this volume will be found charts—one for boys and one for girls—on which weights and heights may conveniently be recorded, and constantly compared to the line of progress normally followed by healthy growing children. Height should be determined while the child stands. The weight should be taken without any clothing, and at the same time of day for successive weighings. Just before breakfast is usually a convenient time.

For the sake of comparison, two tables prepared by Dr. Woodbury of the Federal Children's Bureau are given here. These tables show the average height and weight for boys and for girls of different ages.

The average gain in height in the second year is approximately 3½ inches, in the third year 3 inches, in the fourth year 2½ inches, and in the fifth year 2 inches. The average gain in weight in the second year is about 5 pounds, and for the third, fourth and fifth years each about 4 pounds. The difference between the sexes is not very striking or significant during these years.

WEIGHT–HEIGHT–AGE TABLE FOR BOYS

Height (inches)	*Average weight for height (pounds)*	*Two years*	*Three years*	*Four years*	*Five years*	*Six years*
30	22	22				
31	23	23				
32	24½	25				
33	26	26	26			
34	27	27	27			
35	28¼	27¼	27¼			
36	29¾	28¾	29¾	29¾		
37	30¾	30¾	30¾	30¾	30¾	
38	32¼		31¾	31¾	32¾	
39	33¾		33¾	33¾	33¾	
40	35		34½	34½	34½	34½
41	36½		36½	36½	36½	36½
42	38		38	38	38	
43	40		39½	39½	39½	
44	42			41½	41½	
45	45¾			43¼	43¼	
46	46¼				46¼	
47	48¼				48¼	
48	50¾				50¼	
49	53¼				53¼	

WEIGHT–HEIGHT–AGE TABLE FOR GIRLS

Height (inches)	*Average weight for height (pounds)*	*Two years*	*Three years*	*Four years*	*Five years*	*Six years*
30	21½	21				
31	22½	23				
32	24	24	25			
33	25	25	26			
34	26½	26	27			
35	28	28	28	28		
36	29	29	29	29	30	
37	30½	30	30	30	31	
38	31½		32	32	32	
39	33		33	33	33	33
40	34		33½	34½	34½	34½
41	36			35½	35½	35½
42	37½			37½	37½	37½
43	39½			38½	39½	39½
44	41				40½	40½
45	43¼					43¼
46	45¾					45¾
47	48¼					48¼
48	50¾					50¾

In some children muscular development does not proceed in proper relation to the growth in height and weight, but when children are allowed free and unrestrained use of the muscles a natural balance is usually maintained. Lack of development is more common in the arms than in the legs, because the arm muscles are kept relatively in disuse. The bones usually develop the amount of strength needed to supply attachments

for the muscles, and their growth is in proportion to muscular development. For this development proper food and good hygiene are essential.

It may be necessary with a limited number of children to provide special exercises or massage to stimulate the growth of particular muscle-groups.

In order to know whether or not an individual child is making satisfactory progress in physical development it is essential to consider other factors in addition to height and weight. These factors can be determined only by a complete physical examination by a physician. As already stated, such an examination should be made *every six months, or at least once a year.* This is the only method by which it is possible to find out if there are any abnormalities of development present, or if there are any physical defects which will retard future progress. The examination will furnish an opportunity also for the doctor to indicate the diet the child should be taking, to outline the proper daily routine, and to modify any unhygienic procedure. It will be possible at this time to correct defects and to institute any needed special treatment.

MALNUTRITION

Malnutrition is frequently but mistakenly taken as a term synonymous with underweight. By under-

weight is meant that the child weighs less for his height than the average child of the same age. Malnutrition means much more than underweight; it includes a consideration of bony and muscular structures, and of a child's general condition.

A child who has malnutrition not only is underweight, but is underdeveloped or below par in other respects. Malnutrition, as the name indicates, is poor nutrition. It is due to an improper balance between the intake and assimilation of food and the outgo in energy. The food may be insufficient in amount, improper in kind, or inadequately assimilated. Failure to absorb the proper nourishment from food which is adequate in amount and proper in kind may be due to disease, or to some mechanical condition which prevents the normal functioning of the body. The outgo of energy may be in physical exercise or in nervous force.

If malnutrition were as easy to remedy as its causes are easy to analyze, the cure would not be difficult. As a matter of fact, the operation of the causes in an individual child is very complicated and the problem frequently baffles the most careful investigation and treatment.

There are four important factors for parents to consider in the case of any child who has malnutrition: *Food, Fatigue, Physical handicaps*, and *Disease.*

The subject of food is covered in Chapter VI. It is axiomatic that no child can develop normally unless his food is adequate for his individual need, both in total quantity and in the various food elements, and unless his food habits are healthy. The conservation of energy is most important in preventing malnutrition.

Fatigue, often an important factor, is considered at length in Chapter VIII. The presence of fatigue is often manifested not by listlessness or sleepiness, but by the demand of the child for further activity and the inability to obtain rest; its cure is dependent upon establishing a healthy daily routine. Malnutrition will rarely disappear until fatigue is eliminated.

The common physical handicaps which interfere with normal development are obstructed nasal breathing, carious or badly placed teeth, and faulty posture.

The diseases which need special consideration are infected tonsils, chronic diseases of the heart or kidney, and constipation.

Obstructed nasal breathing. — This is usually caused by enlarged adenoids. Another common cause of obstruction is irregularity or enlargement of the bones in the nose. This latter condition should not be operated upon in childhood except in rare instances. Whenever there are enlarged adenoids they should be removed even though they may have been removed

previously in infancy. They sometimes recur after early operations, but this is no argument against the wisdom of their previous removal. Enlarged adenoids not only cause malnutrition by obstructing nasal breathing, but are much more liable to infection than normal adenoid tissue. If they become diseased the infection frequently extends into the middle ear, causing an abscess. The abscess may itself lead to a serious condition and may result in impairment of hearing.

Teeth.—The average child at two years of age has twenty teeth. At six years of age he gets four more, the so-called six-year molars.

The twenty teeth that he has at two years of age are permanent until they are replaced by the second set, which usually occurs sometime during the seventh and eighth years. The so-called first teeth, as well as the second teeth, should be carefully cleaned and protected from decay. If cavities appear they should be filled. The child should be taken regularly to the dentist for cleansing and for inspection. To have sound teeth, the child should be properly nourished during the period in which enamel is being deposited. This is during intra-uterine life for the first teeth and before the sixth year for the second teeth. After the teeth are through the gums a diet rich in starches and sweets

favors the growth of bacteria which cause decay. The chewing of hard food, such as dry toast, is beneficial to the teeth, and the process of mastication stimulates the flow of digestive juices.

It is essential for the health of children that the approximation of the upper and lower jaws should be accurate. Unless the teeth come together satisfactorily proper chewing of food is impossible. Recent knowledge concerning the importance of this phase of development and the devising of methods to produce normal structure mark a great step forward in maintaining health. If children are taken to the dentist early, much can be done to favor the normal development of the jaw. This may make unnecessary later corrective work and the use of complicated apparatus.

Posture.—A healthy child, as he begins to walk, frequently fails to use his body to the best mechanical advantage. This may be due to some underlying nutritional disturbance, most frequently associated with rickets, resulting in weakened bones and muscles, or to an inadequate balance in muscular control. It is essential first to correct the nutritional disturbance, if present, and to restore the body to normal condition. It is then necessary to teach the child to use his body in the best possible way. This will result in the elimination of fatigue, and will make it possible for the child to

perform later the maximum amount of work with the minimum amount of effort.

Bad posture is most evident in round shoulders, a prominent abdomen, and flat feet. These obvious features are really only a part of the difficulty and are the results of the underlying condition, which is a faulty mechanical use of the body. This faulty use of the body is dependent upon a relaxation of the spine and joints, associated with flabby muscles which lack normal tone or tension. Because of this relaxation the spine bends forward in the region just below where the ribs are attached. The same relaxation takes place in the muscles of the legs, and knock knees and flat feet result. The abnormal positions of the spine and legs put the whole body at a mechanical disadvantage. The ribs are drawn inward in front, narrowing the chest, crowding the lungs, and preventing deep breathing. The collar bones and shoulder blades which support the arms are thrown out of position and round shoulders result. The internal organs are allowed to sag into the lower portion of the abdominal cavity and their functions are disturbed. The legs and feet assume bad angles at the joints, resulting in difficulty or pain in use.

It has been shown beyond the question of a doubt that these manifestations of faulty posture bear a

direct relation to health, and that if an individual can be taught the proper use of his body a considerable number of abnormal conditions will disappear. It is most important, at the time a child is beginning to walk, to be sure that he is learning to use his body properly and to prevent, as far as possible, the development of faulty posture. Proper posture is frequently difficult to acquire, but if a child is taught from the beginning how to use his body much can be accomplished. Good nutrition is fundamental. The development of muscular control is a matter which requires individual attention.

Diseased tonsils. — Abnormal conditions of the tonsils may be a cause of malnutrition, or may produce damage to the individual child even when malnutrition does not result. The tonsils may cause trouble either because of their size—that is, for mechanical reasons—or because they are the seat of chronic infection. If the tonsils are so large as to reduce the size of the throat sufficiently to cause difficulty either in breathing or in the taking of food, they should be removed. This operation is performed whether the tonsils are diseased or not, but the need for it is not frequent.

Tonsils should be removed whenever it can be demonstrated that they are chronically infected. Infection

may show itself either by local conditions or by a general reaction. In children under six years of age the local signs of infection should be very definite before the tonsils are removed.

Whether or not there are signs of local infection can be determined by the physician only after careful examination. This decision is made, first on the appearance of the tonsils and the surrounding tissues in the throat, and, second, on the presence or absence of enlarged cervical glands.

The cervical glands draining the tonsils are placed in the anterior portion of the neck, in front of the sterno-cleido mastoid muscle—the large muscle extending from just behind the ear to the collar bone. When the glands in this region of the neck are enlarged they evidence past or present infection in the tonsils. If the enlargement of the glands is considerable, and if it persists when there is no acute infection in the tonsils, or if there is tenderness of the glands, it probably means a present or active disease of the tonsils. It usually calls for removal of the tonsils, though it may be necessary to postpone operation for an acute infection to become less active.

If a child has frequent attacks of acute tonsillitis, whether the infection becomes chronic or not, and whether the glands are enlarged or not, the tonsils

should be removed. This should not be done during the acute attack. It is important to remove the tonsils, not alone to eliminate the diseased tissue, but to prevent subsequent acute infection. Not infrequently the infection extends from the tonsils to the middle ear, and may cause an abscess. This in turn may result in disease of the mastoid and require an operation, or it may cause impairment of hearing.

Many times the signs of tonsillar infection are definite, but slight, in a child with malnutrition. In these children the tonsils should be removed, and malnutrition often disappears. If the tonsils are removed, their removal should be thorough. Treatment by X-ray or by the clipping off of the excess tissue is not to be advised. If they are completely removed, tonsils will not grow again.

If it is possible to choose the time of year for a tonsil operation, spring is the best season.

Disease of the Heart.—Any chronic disease may result in malnutrition. Chronic diseases in children are not common—perhaps the most frequent are diseases of the heart and kidneys. In children between the ages of two and six years chronic disease of the heart may be either of congenital origin, that is, due to a malformation of the heart, or it may be secondary to some acute infection, usually rheumatic fever or one of the con-

tagious diseases. If there is a chronic disease of the heart it may be sufficient to interfere with nutrition. If it is congenital in origin nothing can be done to change the condition of the heart itself; it will be necessary to arrange the child's life so that normal nutrition may be established and maintained. If it is secondary to an acute infection and the acute infection has entirely disappeared, nothing can be done to decrease the damage which has already occurred, but much may be hoped for in the future in the way of actual repair and in compensation. Even though there has been serious heart disease, recovery may take place to such a degree that no limitation of activity will be necessary. It is important that every detail of the child's life be considered carefully and regulated in accordance with his increasing heart-ability.

Disease of the Kidney.—Diseases of the kidney in children are almost always secondary to an acute infection. Although the return to perfect function may be slow, complete recovery usually occurs. In some forms of kidney disease (pyelitis) recurrences are common and possible causative or secondary conditions must be looked for. During the time of the active infection, or during the time of recovery from the damage to the kidney done by infection, nutrition may suffer, but eventually it should return to normal. Like

children with heart diseases, those with diseases of the kidney require a mother's long and watchful care.

Constipation.—Constipation may cause malnutrition or may be an important factor in its causation, as it may be the cause of a poor appetite, of disturbed sleep, or of a lowered general physical condition, due possibly to absorption of the waste products of digestion or to some less well understood condition.

It is essential for a child to have a regular and adequate movement of the bowels every day. In order to accomplish this, certain things are helpful.

First, it is important to have a regular time each day for a movement of the bowels, a time which shall not be hurried nor interfered with by other things. Usually the most satisfactory hour is immediately after breakfast in the morning. Sometimes, however, children take some other time for a regular bowel movement, and it is better not to try to change a natural hour unless there are definite reasons for doing so.

Second, it is important to have a toilet so constructed that the child's feet can rest upon the floor while he is having a movement. This can be arranged by installing a special low toilet-seat. It is more feasible, however, to have a movable platform or box made, which can be put in front of the toilet during the time he uses it.

Third, it is essential for a child to have plenty of fluid in the twenty-four hours. The directions for the proper amount of fluid will be found in Chapter VI on Food. Sometimes also it is helpful to give a full glass of water in the morning when a child first wakes up. This may be either warm or cool, whichever the child takes most easily and whichever produces the most satisfactory results.

Fourth, the diet should be suitable. In general a moderate amount of bulky food prevents constipation. This means that the diet should include a considerable amount of cellulose—a product contained in the outer coating of grains, in fruits, and in vegetables. A child should have coarse cereals, such as oatmeal, Pettijohn's, or malt breakfast-food, and should have bread made from coarse grains, such as whole wheat or graham. In addition he should have orange pulp, prune pulp and the pulp of other stewed fruits. He should have a green vegetable every day, such as spinach, stewed celery, stewed lettuce, chard, onions, asparagus, peas, and string beans. In addition to the cellulose which is present in fruits, the fruit juices themselves act as laxatives. It is desirable to give stewed fruit at least once every day in addition to the fruit at breakfast.

If these simple measures are not sufficient to prevent

or correct constipation, a physician should be consulted. It may be necessary to use either mechanical means of stimulating the emptying of the bowels, or drugs. Drugs should not be used except under the advice of a physician.

IV

CARE OF THE BODY

The Bath.—A child should be given a bath daily. The temperature of the bath should be between 90° and 95° Fahrenheit. The bath may be given either in the morning before breakfast, or near bedtime, just before supper. If given in the morning, it should be followed by a cool sponge. For children between the ages of two and four years the bath may be given at 10.30 A.M., before the mid-morning lunch.

The temperature of the room in which the bath is given should be 70°. The soap used should be a simple bath soap. If the water is very hard, an easy way to soften it is to place a small amount of bran in a cheese-cloth bag and soak it in the bath until the water appears milky. Children should not stay in the bath over five minutes. A quick cool sponge should be given as soon as the child gets out of the warm water. After the bath the skin should be thoroughly dried. It is not necessary to use oil or powder, but if powder is used, it should be unscented talcum. Do not use stearate of zinc or boric-acid powder.

Hair.—The hair should be washed not oftener

than once a week. It should be kept out of the child's eyes, either by cutting or by the use of a ribbon. It is better with boys to cut the hair in the spring after the second birthday. With girls, the hair may be cut at this time also. If not cut, it should be tied back from the face as soon as it is long enough.

Eyes.—No special care of the eyes is necessary, except for ordinary cleanliness. The eyes should be examined by an oculist as soon as the child learns to read or begins to use the eyes for fine adjustments. A child should not sit for playing or reading with a strong light shining directly in his eyes or on the book.

Nose and ears.—The nose and ears should be washed, and no attempt should be made to clean the inside with cotton or cotton on a toothpick. No sharp instrument should be put into the ear. Children should be taught not to put foreign bodies, such as peas, beans, or buttons, in the nose.

Teeth.—As soon as the teeth come through they should be cleansed daily with a soft brush. Milk of magnesia is a very good tooth-paste. For removal of dark deposits occurring near the gums the child should be taken to the dentist. As soon as the first set of teeth is complete the child should go regularly to the dentist for cleansing and inspection for cavities.

Nails.—A child's finger nails should be kept moder-

ately short. This helps to prevent the biting of the nails and injury from scratching. The toe nails should be kept short also, but should not be cut close at the corners.

Genitals.—In boys the foreskin should be retracted and cleaned underneath once a week. This can be done in the bath. If adhesions are present, they will be discovered by the physician when the child is given a physical examination and will be corrected by him, if necessary. Circumcision is not necessary as a routine procedure. Whether it ought to be done in the individual child should be determined by the physician. In girls the genitals should be washed carefully every day, especially between the labia.

V

CLOTHES

THE child should be dressed so that he is warm, but not hot. More children are overdressed than underdressed. The clothes should be comfortable, so that there is no restraint to breathing or moderate exercise. They should not interfere in any way with normal development.

Band.—Many children at the age of two years have already stopped wearing a band, but it is better to continue using a band until they are six years of age. The band should be of wool or of silk-and-wool. If silk-and-wool irritates the skin, it may be of cotton. The weight should be varied according to the season.

Shirt and drawers.—The shirt should be of the same material as the band. Its weight may be the same as the band or may be lighter. The shirt should have a high neck and long sleeves. Knit underdrawers should be worn in cold weather, and may be of the same weight as the shirt or heavier. The legs of the drawers should reach below the knees. Union suits are satisfactory for older children. In warm weather, for girls only cotton drawers are necessary; for boys drawers are

not needed if trousers which can be washed are worn. On hot days both shirt and drawers may be left off.

Waist.—The cotton waist used to hold up the drawers and the other clothing and for supporting the garters should be made so that the weight is carried close to the neck and not on the tips of the shoulders. There should be crosspieces on the back, so that the weight on one side is borne from the opposite shoulder. The waist recommended by the American Posture League is satisfactory and can be purchased at most children's furnishing stores.

Petticoats.—Flannel petticoats may be worn by girls in cold weather, and by boys until they put on trousers. White cotton petticoats may be worn, but are not necessary.

Outside clothes.—The everyday outer garments should be simple and washable, and made of some dark-colored material. Wool garments are warmer than cotton, but are not necessary, even in cold weather, for most children. If additional warmth is needed, it can be provided by a sweater. Rompers made of some washable material are the most satisfactory clothes for a child—boy or girl—up to three years of age, and may be worn even longer. In the summer on hot days a band and rompers are all the clothes which a child needs to wear.

Stockings.—Wool or cotton stockings should be worn in cold weather while the children are in the house as well as when they are out of doors. Socks are permissible in warm weather. Stockings and socks should be large enough so that the feet are not restricted.

Side garters may be worn, but they should not be tight enough to pull heavily upon the shoulders. Round garters worn above the knees are better than side garters, but must not be tight enough to obstruct circulation. Garters worn below the knee for socks must not be tight.

Shoes.—Shoes should be selected with great care. Soft moccasins may be worn a portion of the time each day in the house, and all the time in warm weather when the children are walking on the ground. Shoes with light soles should be worn a part of the time in the house, when the children are walking on hard floors, and all the time out of doors in the winter or in the summer, if the children are walking on hard pavements. For children up to four years of age the shoes should be without heels. For older children low broad heels are permissible. Low shoes are satisfactory for all seasons of the year in the house. High shoes, with tops of soft kid or leather, should be worn in cold weather out of doors. Patent-leather shoes should be worn only

for short periods at a time. Shoes should be one half inch longer than the foot, so that the toes do not touch the end, and a quarter of an inch wider than the foot, so that there is no constriction. The inside line should be straight.

If a child's foot shows a callous on any one of the toes, it indicates that the shoes do not fit.

Children may go barefoot in warm weather, if care is taken that they do not cut their feet.

Clothing for out-of-doors.—In cold weather a child out of doors should wear a coat, leggins, hat, and mittens. Ear caps are not necessary except in very cold or stormy weather, to prevent frostbite. "Brownie" suits of knitted wool make most satisfactory outer garments.

In hot weather a hat should be worn when the child is in the sun.

Night clothes.—At night a child should wear a band and a nightgown. The nightgown may be made of cotton or woolen material, according to the season and climate. It may be long and contain a drawstring at the bottom. If the string is fastened to the bottom of the bed, and the bedclothes are pinned to the mattress at the top with large safety-pins, the child will be kept from getting uncovered. The nightgown may have legs and feet, and the sleeves may be fin-

ished with mittens if the child is inclined to put his hands out. Pajamas, with or without feet, may be used in place of a nightgown. A sleeping-bag for cold weather is desirable. This can be made of any weight of material, according to the indications of the climate.

VI

FOOD

Food is the source of the substances which maintain life and promote growth. It furnishes the material out of which our bodies are built. Nothing is more important in the care of children than that their food should be of the proper kind and that it should be provided in the correct amounts.

Regularity.—Meals should be at regular times. The particular hour when food is given is not so important as that it should be the same hour every day. Food should not be given between meals. Irregularity in the taking of food usually disturbs the appetite, and may result in indigestion.

Meal-hours.—There are two common schedules for feeding children:—

(*a*)	(*b*)
7.30 A.M. Breakfast	7.30 A.M. Breakfast
10.30 A.M. Lunch	11.45 A.M. Dinner
1.30 P.M. Dinner	2.00 P.M. Lunch
5.30 P.M. Supper	5.30 P.M. Supper

The choice between these two plans depends upon whether a child will sleep better from 12.30 to 2 after

dinner, or from 11 to 1.30 before dinner. Convenience in connection with other household matters may also be a factor, especially if older children are having a twelve o'clock dinner. The first schedule of hours is the one used in the second year and, as a rule, is continued until there is some reason for changing it.

Eating-habits.—Children should not be hurried at meals, but they should not be allowed to play with their food. Twenty minutes for breakfast and for supper and half an hour for dinner is enough and not too much time. Children should chew their food thoroughly and not swallow it in large pieces. Chewing may be encouraged by giving them hard bread and toast. The process of mastication stimulates the flow of all the digestive juices. The common habit of moistening with soup all the food to be taken at a meal discourages chewing and should not be practised. When soup is given it should be eaten separately at the beginning of the meal.

A child should not be amused at meal-time with stories, or by feeding animals or doing stunts on the floor. Meal-time is the time for eating. A child can be taught to attend strictly to this, but it often requires tact and perseverance.

Children should be taught to feed themselves as early as possible.

Appetite.—A child should eat whatever food is put before him. If he refuses a particular article of food, he should not be given something else to take its place. He should eat what is offered him or go without anything. He should not be given dessert at dinner until he has finished his first course.

Often the things which a child says he dislikes are things which he has heard his parents refuse and concerning which they have expressed a dislike. Children imitate older people. Parents or others should never express before a child dislike for any article of food.

But certain children do have idiosyncrasies to particular food substances. This may be suspected from the occurrence of vomiting immediately after taking the food and by the development of hives somewhat later. This condition, if suspected, should be investigated by a physician. It can be proved or disproved in most instances by a simple test made by introducing some of the food into a scratch on the skin. If a positive test is obtained a modification in the diet can be made in accordance with the findings.

Every day every child should have:—

1. Water.—Four glasses of water. A part of this may be taken with meals, if it is drunk at the end of the meal and not used to wash into the stomach food which is only partially chewed.

2. Milk.—A pint and a half of milk—24 ounces.

Part of this should be taken from a cup and the rest on cereals. The milk used in cooking should be in addition to this amount.

Milk for children between the ages of two and six years should be of good quality. It should be given raw only when produced and handled under the best conditions. Certified milk is the safest raw milk. Unless certified milk can be obtained all milk ought to be pasteurized or boiled. It is safer to pasteurize or boil even certified milk.

Pasteurization is accomplished by raising the temperature of the milk to 145° F. and keeping it at this temperature for thirty minutes. There are several expensive pasteurizers on the market, but they are not necessary. The following method may be used with ease in any home: put the milk in the inner receptacle of a double boiler and fill the outer receptacle with water to just above the level of the milk. Put a thermometer into the milk. Heat the water until the thermometer registers 145° F. and keep the milk at this temperature for thirty minutes. Cool the milk by placing the dish in cold water.

To boil milk, pour it into the inner receptacle of a double boiler and fill the outer receptacle with cold water. Place the double boiler on the stove. Leave it there for three minutes after the water has begun to boil. The cover should be on the double boiler. Milk

may be boiled directly over the flame in an open dish; but great care must be taken that it does not burn.

Indigestion frequently results from the use of milk rich in fat. Milk from Jersey and Guernsey cows, for example, contains a large amount of fat and should be used with caution. If milk of this kind is to be used, a part of the cream should be removed.

3. Cereal.—Any of the home-cooked cereals may be used. They should be cooked at least two hours. Dry cereals may be given occasionally at night, in warm weather, to children over four years of age. Cereals should be served with milk, or with light cream for children over four years of age, but without sugar.

4. A green vegetable. — Vegetables should be cooked with a minimum amount of water so that as little as possible of the "goodness" is lost.

5. Fruit.—Oranges and white grapes may be eaten raw; other fruits should be cooked for children under three years of age. Raw fruit should be given with caution to children of any age.

6. Meat.—Fish and eggs may take the place of meat.

7. Bread and butter.—These are especially needed for the fat which the butter furnishes. The coarse breads supply mineral elements and vitamines and prevent constipation. Bread and muffins should be at least twenty-four hours old.

It is to be remembered that butter is made from milk and the same care should be exercised in selecting butter as in selecting milk. Butter should be made either from pasteurized cream or from milk of cows proved to be free from tuberculosis.

Sugar.—Sugar and candy, as such, are not necessary in the diet of children. All the sugar that is actually needed is supplied in the cooked food as served. The cereals, bread and all other starchy foods are converted into sugar before they are absorbed. Simple candy in small amounts—one or two pieces—may be given after the noonday meal, as a treat on special occasions.

DIET FOR TWO-YEAR-OLDS

A child two years of age should be taking approximately the following diet. The quantities will vary a little with individual children, depending largely upon size and activity. Each child will need a diet suited to his individual requirements. This may be quite different from the diet of some other child, yet both may be fed properly. The food given to each should be what the doctor directs for him—not what has been prescribed for some other child. The lists given here may serve as guides for general purposes, subject to the modifications indicated.

BREAKFAST

Orange juice	½ to 1 orange	
Cereal	3 to 6 tablespoonfuls	Oatmeal, farina, cream of wheat, Ralston, wheatena, malt breakfast food, or Pettijohn's
Egg	2 to 4 times a week	Soft-boiled or coddled
or		
Bacon	1 slice, 1 to 2 times a week	
Bread and butter	1 slice	White bread
Milk		

LUNCH

Milk	
Bread and butter	1 slice
or	
Unsweetened cracker	1 or 2

DINNER

Egg		
or		
Meat (minced or scraped)	1 to 1½ tablespoonfuls	Chicken, lamb or beef
Starchy vegetable	1 to 1½ tablespoonfuls	Potato, rice, macaroni, or spaghetti
Green vegetable	1½ to 2 tablespoonfuls	Spinach, peas, string beans, stewed celery, stewed lettuce, stewed beet-greens, stewed chard, young carrots or asparagus
Simple dessert	1 to 1½ tablespoonfuls	Junket, custard, blancmange, tapioca, or rice pudding
or		
Cooked fruit	1 to 2 tablespoonfuls	Apple sauce, baked apple, or stewed prunes

SUPPER

Cereal	3 to 6 tablespoonfuls	As at breakfast
Milk		
Bread and butter	1 to 2 slices	
Cooked fruit	1 to 2 tablespoonfuls	As at breakfast

DIET FOR FIVE-YEAR-OLDS

At five years of age a child should be taking the following diet, subject to individual variations in relation

BREAKFAST		
Fruit		Cooked apples, stewed fruit, (peaches, pears, prunes, or apricots), stewed berries, orange, grape fruit, or white grapes
Cereal	2 to 4 tablespoonfuls	Oatmeal, cornmeal, hominy, rice, farina, cream of wheat, ralston, wheatena, malt breakfast food, or Pettijohn's
Egg		Soft-boiled, coddled, scrambled, or poached
or		
Bacon	1 to 2 slices	
Bread and butter	1 to 2 slices	White bread, whole wheat, graham, corn bread, or stale muffins
Milk	1 cup	
LUNCH		
Milk	1 cup	
Plain cookie or cracker		
or		
Bread and butter		

to choice and to quantities. Provided this diet is maintained, a child may be allowed to have as much in quantity—*except in desserts*—as he desires.

	DINNER	
Meat	1 to 2 tablespoonfuls	Chicken, roast lamb, lamb chop, roast beef, or beefsteak
or		
Fish	1 to 2 tablespoonfuls	Cod, flounder, haddock or halibut
or		
Egg		As at breakfast
Starchy vegetable	2 tablespoonfuls	Potato, rice, macaroni, hominy, or spaghetti
Green vegetable	2 tablespoonfuls	Spinach, carrots, beets, peas, string beans, stewed tomatoes, stewed chard, cauliflower, onions, or asparagus
Bread and butter	1 to 2 slices	
Dessert	1 to 2 tablespoonfuls	Rice, bread, tapioca or cornstarch pudding, junket, custard, apple tapioca, prune whip, gelatine, stewed fruit, or ice cream
	SUPPER	
Cereal	2 to 4 tablespoonfuls	As at breakfast, or shredded wheat
Milk	1 cup	
Bread and butter	1 to 2 slices	
Plain cookie		
or		
Cracker		
Stewed fruit		As at breakfast

The transition from the two-year-old diet to the five-year-old diet should be made gradually. Only one new article should be introduced into the diet in any one day, and several days should elapse before another new thing is added.

FOR THREE-YEAR-OLDS

At about three years the two-year diet may be increased by the following:—

Fish: This should be fresh. It may be baked or boiled. No oily fish should be taken. Use cod, haddock, or flounder.

Green vegetables: Give spinach, carrots, beets, peas, string beans, stewed celery, stewed lettuce, stewed chard, stewed tomato, cauliflower, onions, or asparagus.

Desserts: Give rice, bread or tapioca pudding, junket, custard, apple tapioca, prune whip, gelatine, stewed fruit, or ice cream.

FOR FOUR-YEAR-OLDS

At about four years these additions may be made:—

Fruit: Berries—cooked strawberries, blueberries, blackberries, or raspberries. Raw berries only if the individual berries are neither green nor overripe. These are difficult to obtain except in the case of strawberries.

Apples—raw, if scraped or if the child chews them fine.

Peaches and pears—raw, if carefully selected.

Grapes—if skin and seeds are removed.

Bananas—only if ripe. Baked are better than raw. To be tried with caution; better not given at all, because of the difficulty in securing proper ripeness.

Cream: To be added carefully and in small amounts. The same care must be used in the selection of cream as of milk.

Sometimes by the fourth year, often by the fifth year, children are not satisfied with the supper given on the five-year diet-list. Under those circumstances an egg, soft-boiled or scrambled, may be given. It is well not to give two eggs a day every day. One to two tablespoonfuls of a green vegetable may be added, or a baked potato with butter, or rice, or macaroni.

VII

DAILY ROUTINE

CHILDREN should be bound to regular schedules as little as possible, and they should never be aware that there is any schedule at all. They should feel unrestrained and free to enjoy life. To make this possible, the mother must plan the daily routine carefully, or important matters will be neglected and ill health will result. Regularity in the performance of essential details will give the maximum of freedom and the surest guaranty of health. A proper balance must be established between activity and rest, between exercise and sleep. The details of the routine for individual children will vary considerably according to the inherent capacity of the child, but the principles in establishing that routine are the same for all children. It is necessary to provide time for eating, for moving the bowels, for sleep, and for exercise. As much time as possible must be spent out of doors, provided the weather is suitable. It will be simplest, perhaps, to designate specifically the time needed for some of these things, and the hours of the day when they are best performed.

Sleep.—Children between the ages of two and six years should have approximately twelve hours of sleep at night. They should go to bed very soon after supper, at 6.30 or 7 P.M., and sleep until 7 in the morning. At five or six years of age the bedtime may be 7.30 P.M., particularly in the summer. Children should go to sleep immediately after they are put to bed, and their sleep should be uninterrupted and quiet. They may need to be taken up at 10 o'clock to pass urine, but it is desirable that this practice shall not be continued after the fifth year.

It is not infrequent for children to wake early in the morning, because of the light. Dark window-shades, which can be pulled down to the point where the window is open, assist in keeping the room dark. In the summer months it is often difficult for children to go to sleep at night, because it is still daylight. By darkening the room with shades, as indicated above, this trouble is overcome to a considerable degree.

Children should, if possible, sleep in a room alone. They should go to sleep without rocking and without having anyone stay in the room with them. This is entirely a matter of training and if they are properly trained from the beginning they will not demand attention at this time. Sometimes children object to going to sleep in a dark room, with the door to the hall

shut tight. This difficulty should be treated with consideration, and can be overcome by a gradual process. Care and kindness will produce better results than sterner methods.

The windows should be open at night, but in cold weather the wind should not blow directly upon the bed. A screen placed around the bed will prevent this. In warm weather there is no necessity for a screen. If the outside temperature is below freezing and the windows are wide open, it is often difficult to keep children warm without using an excessive amount of bed clothes. It is better under these conditions to open the windows only a little. In very cold weather it is necessary to keep children from getting their arms out from under the covers. This can be done by the use of a sleeping-bag.

During the summer months, or throughout the year where the temperature is warm, children may sleep out of doors. It is important for them to be protected from flies, mosquitoes, and other insects. In climates where changes in temperature are considerable and sudden, children must be watched carefully, because at this age they are unable to add extra clothing or take off superfluous clothing.

Night Terrors.—Sometimes children's sleep at night is disturbed by night terrors. Night terrors or

bad dreams are due to a continuation during sleep of the mental activity of the waking hours. They are usually an evidence of fatigue or indigestion. They occur frequently in children who have had an improper supper, particularly in children who have been overfed. They may be caused also by fatigue from any cause, either physical or nervous. They may result from fear caused by the telling or reading of stories about "bad men" and wild animals.

Any child who has night terrors should be allowed less activity and given more rest, physical or mental as the case may be, and his diet should be carefully investigated. Don't discipline a child for night terrors. Allay his fears and remove the cause.

Bed-wetting.—Sometimes restful sleep at night is interrupted by bed-wetting. The average normal child has learned to control the emptying of the bladder by the third year. There is, however, a great variation in the time at which this control is established. If the child cannot go from the time of retiring until morning without wetting the bed, he should be taken up at least once, and twice if necessary, in order to prevent him from becoming wet. It is important to establish a dry habit. When he is taken up he should be thoroughly awakened and made to pass urine. If he is allowed to pass urine when he is partially asleep, it will make the

establishment of control and the dry habit more difficult. There are a few simple practices which may aid a child in gaining bladder-control. Fluid should be restricted after four o'clock in the afternoon. The amount of liquid for supper should be limited to six ounces of milk. No sweets should be eaten with supper—no sugar cookies or cake. The bed should be hard, and the covers not so many as to keep the child too warm. The foot of the bed may be elevated four to six inches by putting blocks of wood underneath. The child should lie on the side, not on the back; a towel put around the waist with a knot in the back will assist in accomplishing this. The child's interest may be aroused by the keeping of a daily record with gold stars for a dry night.

Nap.—Every child between the ages of two and six years, in addition to sleeping twelve hours at night should take a nap every day. This nap should be from one to two hours long. It should be either just before or just after the midday meal. The time will be determined by the hour at which the midday meal is given. Toward the latter part of this period children frequently begin to have difficulty in going to sleep. If this is the case, the rest period should be continued even though the children do not go to sleep. The children should take off their clothes—or at least the out-

side clothes—and lie down in a room alone, with the windows open and the shades drawn. During the nap-time they should not be read to or have toys.

Physical Exercise.—Physical exercise for children is very different in kind and degree from the physical exercise of adults. We must measure any kind of exercise by child standards, not by adult practice. A baby lying on his back and kicking is having strenuous exercise for him, much more vigorous than horseback riding or golf for us. The assumption of the upright position and the mere acts of standing and of walking require for the child a real expenditure of physical energy.

As a child grows in size and age his bones and muscles also increase and become capable of greater activity. During the time that the body is acquiring its growth, it is important that the muscles and other structures shall not be taxed or overexercised beyond their capacity at any given time. The normal development of muscles, ligaments, and bones is stimulated by use. We must, therefore, learn how to secure for the child desirable activity and how to avoid too much exercise. Excessive fatigue may produce lasting damage.

Children under four years of age should in most instances be restricted in the amount of walking they are allowed to do. This can be done by giving them a

sand-box to play in or making a similar provision for play in a small area. Dolls and "keeping house" will do this for little girls. In the city it will be necessary to keep them in a carriage or go-cart for a part of the time, in the morning or in the afternoon. Children over four years of age can be given more liberty in the matter of exercise, but they should not walk long distances. Short walks should be interrupted by periods of sitting. A play-pen will be of great service in limiting a child's activity.

Mental Exercise.—Mental activity for children, like physical exercise, should be measured by child-standards. It is as hard for a child to add two and two together, or to learn to read, to work with crayons, or to learn to write, as it is for an adult to perform complicated technical processes. It is therefore essential that a child should be spared long-continued mental activity, even of the most simple kind. It has been shown that in children of school age continuous mental activity cannot be maintained for more than twenty or thirty minutes without evidences of fatigue becoming manifest. An even shorter period of study for children under six years of age will produce the same result.

Fatigue.—Physical fatigue which is the result of exercise, provided it is not excessive, is conducive to a

good appetite and to sound sleep. This is healthy. When physical fatigue goes beyond the point where recuperation is easy, real harm may be done to a child.

Nervous fatigue is always injurious. It is the result of overstimulation of the nervous system. Parents are often ambitious for their children and proud of their accomplishments. This leads to forcing children to do things before they are ready, or for too long periods of time. Often the stimulation of a brother or sister who is a little older causes a child to try habitually to do tasks beyond his developmental capacity. The pace is too fast for the child to follow without becoming exhausted.

Excitement may cause fatigue. A child is excited by many things which seem prosaic to the adult. Parties, a multiplicity of toys, constant amusement, continuous hilarity, automobiling, all may call forth an expenditure of nervous energy greater than the child can give without harm.

An unhappy environment may be injurious. A child is quick to appreciate a tense situation or frequent family discord. Sometimes the reaction between a child and his parent—mother or father—is uncongenial, and the child suffers as a consequence. It may be that a brother or sister is a "tease" and creates an atmosphere of antagonism. A nurse or a governess

may be too easy with a child and not carry out a healthy routine, or too severe in discipline. Adult company may be boring, especially if the child is continually dragged into the conversation and then flung back upon his own resources for amusement. Anything which causes a child to demand one excitement after another, to require constant attention, or to be dissatisfied with quiet, simple occupations is in danger of producing harm.

Fatigue is usually manifested by irritability and peevishness, by loss of appetite and disturbed sleep, by failure to gain or by actual loss of weight, by lack of normal color in the skin and mucous membranes, by nervousness and easy crying. These are the red flags which give warning of trouble. They should be heeded and catastrophe avoided.

Meals.—The importance of regularity in meals is discussed in Chapter VI. The day should be planned so that there shall be no interruption at these hours.

Bowel movements.—The necessity of daily bowel-movements has already been emphasized. (p. 23) Nothing should interfere with this. In older children, especially if they go to kindergarten, the time after breakfast may become hurried. This will lead almost surely to an unsatisfactory emptying of the bowels. Constipation will result. This must be prevented.

Out of doors.—A child should spend as much time as possible out of doors. The actual number of hours which he can spend there will depend upon the climate and the time of year. Provided the climate is suitable, children can be out of doors practically the entire twenty-four hours except for the time consumed in bathing, eating, and so on. During the winter months in northern climates they should not go outdoors before nine o'clock in the morning, and they should come indoors one half hour before sunset. If the temperature is lower than twenty degrees above zero, children under four years of age should not go out of doors. Children between four and six years of age should go out only for a short time, and should be exercising during this period. In very hot weather it is frequently much cooler indoors than outdoors, and children are better off inside the house during the hottest part of the day.

Traveling.—Children under six years of age should travel very little. They usually do not remember the sights which they are taken to see and they get as much pleasure from a short trip to the country or the Zoo—if they live in the city—as from the attractions at distant points. Country children are much better off without city amusements until they are older. If children are to be taken to visit grandparents or other relatives, the stay should be long enough for them to

become adjusted to the change. The routine away from home should be as nearly as possible that to which the child is accustomed.

It is not necessary for children living near the sea or in the mountains to go to a contrasting environment for the summer or vacation. In certain individuals a change may be desirable. A comfortable house at home, with plenty of room for play and quiet sleep and with facilities for proper food, is more important than geographic location. A hotel is never a good place for a child.

VIII

SICKNESS

EVERY child should be taught that the doctor is his friend. He should never be threatened with a visit from the doctor if he does not obey. He should not be told that the doctor will take him away to the hospital if he is not good, or that the doctor will cut off his fingers if he does not stop biting his nails. He should be told, instead, that the doctor is the man who takes away his stomach-ache or makes him feel better when he is sick. If this point of view is established, the child will coöperate with the doctor when he is being examined, and when medicine or treatment is being given. Without coöperation the doctor's work is much more difficult and the child's recovery is often delayed.

Care of a sick child is much easier if he has been well taught. Taking a rectal temperature is absolutely painless, and yet many children cry and struggle during the entire time that a temperature is being taken. This struggle can be prevented by taking the temperature a few times when the child is well. The same is true with reference to giving an enema. A child can be taught to open his mouth to show his tongue and to

say "ah" in such a way that the throat is easily seen. This makes it unnecessary to use a throat stick or a spoon to depress the tongue. Gagging is unpleasant and is avoided by accustoming the well child to show his throat.

When a child is sick, no matter what the complaint is, he should be put to bed and kept quiet. If there are rooms apart from the rest of the house, he should be put there. He should be separated from other children and from adults, except the person who is taking care of him. The isolation is important for the sake of the child who is sick, and also it may prevent development of the disease in other members of the household. It is often impossible in the early stages of an illness to decide whether it is contagious or not. If all sick persons are kept apart from others until this question is determined, much spreading of illness will be prevented. If protection is to be complete, the same precautions should be taken as those described later in this chapter in connection with contagious diseases.

A sick child should be given a light diet, and as much water to drink as he will take. Unless he has a pain in the abdomen or is vomiting, a cathartic should be given. Castor oil is the most efficacious, but sometimes it is vomited. Milk of magnesia is in most instances a good substitute for castor oil. The dose of

castor oil is one dessertspoonful at two years of age and one tablespoonful at six years of age. A tablespoonful of milk of magnesia may be given at either two or six years. If a child has a temperature above 101° F., or if he is complaining of pain, or if he has a rash, or if he seems really sick, a doctor should be notified at once. The mother, or the person in charge of the child, should be sure to get from the doctor specific directions as to what is to be done, asking him to write them down if there is any question in her mind about them.

Temperature.—Every mother should learn to read a clinical thermometer. If she can take her child's temperature without being unduly alarmed when it is above normal, it is a help to be able to have this information. In children under six years of age the temperature should be taken by rectum as the more accurate method. Children will rarely keep their mouths closed sufficiently tight so that the mouth temperature is correct. A rectal temperature is often from one half to one degree higher than a mouth temperature.

To take the temperature thus a rectal thermometer should be used. This has a larger end than a mouth thermometer, and there is less possibility of injuring the lining of the rectum. The thermometer should be held firmly by the end away from the mercury bulb,

and shaken until the top of the mercury column is at normal (98.6° F.) or below. The mercury end should be covered with lanoline or vaseline to act as a lubricant, and inserted into the rectum about half an inch. It should be held there for one to five minutes, one minute longer than the directions which come with the particular thermometer. There is some variation in the length of time which is needed for different thermometers to register.

When the thermometer is withdrawn and the temperature is noted, the thermometer should be wiped with paper or a cloth to remove the oily lubricant and then washed in *cold* water. It may be put in alcohol for one minute to sterilize it.

Enemas.—A mother should know how to give an enema. This is as follows: Secure an infant's syringe, which consists of a soft-rubber bulb with a hard-rubber nozzle. The syringe should be filled with warm soapsuds and water. The tip should be greased and inserted into the rectum, and contents should then be expelled slowly. The syringe may be withdrawn and the process repeated two or three times.

Sponge baths.—A mother should know how to give a sponge bath, as it is used to reduce a high temperature. A sponge bath is given as follows: Undress the child and place him between blankets. The entire body

should then be sponged, beginning with the hands and extending to the legs. The part first washed should be dried before going to the next part. The wash-cloth used should not be so wet that the water will run off from it. The temperature of the water should be between 70° and 80° F. Alcohol may be added to the water; and medicated alcohol is perfectly satisfactory for this use.

COMMON EMERGENCIES

Bruises.—The only treatment necessary for bruises is the application of cold compresses to relieve the pain. A clean cloth wrung out in cold water or moistened with alcohol may be used.

Burns.—Most burns are superficial; others may be so serious as to leave a permanent scar, or they may even result fatally. When a child burns himself over any considerable area of the body, or if the burn is deep, the doctor should be notified at once. The best application to put on a burn is olive oil. If possible, the burned portion of the body should be exposed to the air with no dressing over it.

Convulsions.—Convulsions frequently occur in association with a high temperature or an acute digestive disturbance. They may come at the onset of an acute infection, or during the course of some disease.

As a rule, the convulsion itself begins without previous warning. If the child is only twitching moderately, and his color is good, the only thing necessary is to prevent him from injuring himself. Two common means of injury are falling and biting the tongue. An easy method to prevent a child from biting his tongue is to wind a little absorbent cotton around the handle of a spoon and slip it between the teeth. When a child has a convulsion the doctor should always be notified. If the seizure is severe or prolonged, the child can be put in a tub of warm water. Be sure that its temperature is tested by putting your own arm up to the elbow into the water, not merely by dipping your fingers into the water. Severe burns may result unless care is taken in this particular.

Croup.—Croup occurs as a rule in the early evening, in children who have been perfectly well during the day. The child usually wakes from sleep with a harsh, rasping cough, sometimes also with difficulty in breathing. Relief is obtained by making the child vomit. The simplest method of producing vomiting is to give a teaspoonful of syrup of ipecac. This may be repeated every fifteen minutes or half hour, until vomiting or relief has been obtained. The child will be more comfortable if, when he has had an attack of croup, the windows are shut, the temperature of the room is

raised to about 60° F., and steam from boiling water is allowed to escape in the room. If compound tincture of benzoin is added to the water, it is better than boiling water alone. Benzoin should be added in the proportion of one teaspoonful of benzoin to a pint of water.

Care should be taken that children are not burned by the boiling water or by the heat which keeps the water boiling. The simplest way to boil water is to use a basin or open vessel on an electric stove. A croup kettle is very useful.

Croup often recurs for two or three nights. If a child has an attack of croup, it is well to give small amounts of syrup of ipecac at four, five, and six in the afternoon for the two following days and to keep the temperature of the room about 60° F. during the night. The dosage of ipecac varies with the age of the child. At two years of age a child may take ten drops and at six years of age twenty drops.

Cuts.—There are two dangers in connection with cuts: the bleeding may be severe, and the cut may become infected. If a child has a deep cut and the bleeding is profuse, sterile gauze should be applied at once and pressure put upon the wound. A doctor should be notified. If the cut is not deep and there is little bleeding, infection is the only danger to be considered.

If the cut is sterilized and is kept clean, no trouble will result.

The best way to clean a cut is to wash it thoroughly with soap and water and then apply tincture of iodine. A clean piece of gauze and a bandage may be applied.

Nosebleed.—Nosebleeds are very common in young children; unless they are severe or frequent they are not serious, and no treatment is needed. The child should be kept quiet until the bleeding stops. If a child has repeated nosebleeds, he should be taken to the doctor.

A nosebleed is due usually to a small break in the mucous membrane on the inside of the nose. This can be cured by the application of an acid solution or a cautery. If a nosebleed is profuse, it may be necessary to put pressure on the place that is bleeding. This can be done by packing one side of the nostril with gauze. A doctor should be notified if this needs to be done.

Poisons.—Children may eat substances which contain poison. In general *the first thing to do is to empty the stomach.* This can be done by giving one teaspoonful of syrup of ipecac. Vomiting may also be produced by giving a glass of warm water containing one half teaspoonful of mustard. After vomiting has been produced, the child should be given some cereal gruel or albumen water to drink.

Certain poisons require special treatment. The doctor should always be notified at once, because the important time for treatment is immediately after the poison has been taken and before it has been absorbed into the system. Until the doctor comes, there are a few simple directions which may be of service.

Acid poisons in general include the milder acids, but *not* carbolic acid, which requires special treatment. Give an alkali to neutralize the acid — either magnesia or soda water.

Alkalies, especially lye, which may be left by plumbbers. Give an acid immediately: either lemon juice or diluted vinegar.

Arsenic is a common ingredient of rat poison and it is also present in Paris green. Give magnesia in large quantities, also raw eggs.

Carbolic acid poisoning calls for a saturated solution of Epsom salts. Albumen water is also of value.

Mercury is found in corrosive sublimate tablets. Give whites of eggs and cereal water after the emetic.

Phosphorus is found in rat poison and in matches. Give Epsom salts—one tablespoonful to a glass of water—or magnesia.

Swallowing foreign bodies. — Children often swallow buttons, safety-pins, or other small articles. Except for objects which have very sharp points or edges, and which may lodge in the lining of the throat, stomach, or intestines, no harm results from swallow-

ing foreign objects. They are usually passed through the intestinal tract without difficulty. If the object has a sharp edge, like a broken piece of glass or an open safety-pin, give the child a piece of white bread to eat and notify the doctor, who will decide what needs to be done. Sometimes an object is swallowed and inhaled into the trachea or windpipe. This usually causes an attack of coughing, and may lead to a serious condition, so a doctor should be called at once.

CONTAGIOUS DISEASES WITHOUT A RASH

All types of infectious disease are due to bacteria. The method by which a disease passes from one individual to another varies greatly in different diseases, and in most instances is imperfectly understood. It is probable that in the majority of diseases direct contact with the person having the disease is necessary for contagion to take place. Articles of clothing and dishes —more particularly, forks and spoons—which come in intimate contact with the sick person may harbor the infectious material for a short period of time.

A child who has a contagious disease should be isolated from other persons. It is impossible to describe in detail the methods by which isolation may be secured; the procedure in general, however, is directed toward avoiding contact with the person who is ill,

or with any possible infectious secretion from that person, or with material used by him. Practically it consists in requiring every person who enters the sick room to wear a washable gown and cap, and to wash the hands thoroughly before leaving the room. Also all clothing, dishes, toys, or books must be burned or sterilized before being taken from the room. The details of isolation for an individual child must be directed by the doctor who is taking care of the child.

Colds.—A cold is not usually thought of as a contagious disease, but should be so considered, because it is passed from one person to another and because a cold may be the first manifestation of some more serious trouble.

Diphtheria.—Diphtheria is understood usually to mean an infection of the throat with diphtheria bacilli. It is to be borne in mind, however, that diphtheria bacilli may infect mucous membranes elsewhere in the body—especially those of the nose—and also the skin. Diphtheria, particularly of the larynx, is most serious in young children. If antitoxin is given early in the disease, recovery almost always takes place. If it is given late in the disease, it may not prevent the death of the child. It is, therefore, important for the doctor to see all children ill with diphtheria as early as possible. A child who has croup at night and remains

hoarse during the day should always be seen by a doctor.

Diphtheria lasts as long as the bacilli are present in the secretions from the throat or other infected surface, and this can be determined by a bacteriological examination. Isolation must be continued until two or three negative cultures, taken on successive days, are obtained. A patient who has been exposed to diphtheria usually contracts the disease within a few days.

It is possible to prevent children from contracting diphtheria. This can be done by giving them three inoculations of toxin-antitoxin. Almost all children under six years of age are susceptible to diphtheria and, therefore, should be protected by inoculations. This should be as universal a practice as vaccination against smallpox. If this is done, diphtheria will be no more common in the future than smallpox is to-day.

Six months after the inoculations the Schick test should be applied to determine whether immunity has been established; if not, the inoculations should be repeated.

Earache.—Earache is caused by an accumulation of fluid in the middle ear, usually secondary to a cold. This fluid may be infected and become pus. If a child has an earache, external heat will usually give temporary relief. Also it is safe to put one or two drops of

warm oil into the ear. Care should be taken that the oil is not hot enough to cause a burn. A doctor should be notified.

Swollen Glands.—Swollen glands of the neck are caused by an infection in the throat, most frequently of the tonsils. Their presence should always be reported to the doctor. A large proportion of enlarged glands is due to infection with tubercle bacilli. This is true even in glands which enlarge rapidly. Tuberculous glands of the neck in most instances will require surgical treatment.

Mumps.—There are no preliminary symptoms in mumps. The first sign of the disease is the swelling of the parotid gland. In children under six years of age mumps is a harmless disease and there are no complications. The duration of the infectious period in mumps is not known. It is customary for children to remain isolated for a week after the swelling disappears. Children who have been exposed to mumps usually come down with the disease in about twenty-one days.

Sore throat.—A sore throat may be caused by diphtheria, by tonsillitis, or by infection in some portion of the throat other than the tonsils. A sore throat should always be reported to the doctor, because in diphtheria early treatment is essential. If antitoxin

is given at the onset of the disease a cure is effected in practically every instance; but if the treatment is delayed it may be too late to be of value.

Typhoid fever.—Typhoid fever is not very common during the first six years of life and usually is not so severe in children as in adults. It is acquired by taking into the mouth material infected with typhoid germs. The most common sources of infection are water, milk, oysters, and uncooked fruit and vegetables. In most of the large cities, especially in colder climates, these foodstuffs are well protected during production and transportation. In rural districts, in hot climates, and in some foreign countries, the protection is less satisfactory. Children who go to such districts for the summer or winter, or who travel from place to place, should be given inoculations with typhoid vaccine, which will provide immunity against the disease for from three to six years.

Whooping cough. — Whooping cough cannot be differentiated at the beginning from any other cough. The whoop does not occur usually until the child has been coughing for a week or ten days. The cough is more frequent at night and at meal-time. It is paroxysmal in character, that is, the child will have an attack of coughing lasting from one to two minutes, followed by a long interval—perhaps several hours—

of freedom from cough. The cough is expiratory, followed by a deep, long breathing-in. In the presence of an epidemic of whooping cough any cough, however slight, should be regarded with suspicion.

The contagious period in whooping cough is extremely variable, lasting from six to eight weeks. Children who have been exposed to whooping cough do not come down with the disease for about ten days. If the exposure of an individual child has been very intimate, it is advisable to give the exposed child prophylactic inoculations of whooping-cough vaccine. This does not provide an absolute protection against the disease, but it is efficacious with a considerable proportion of children. If the disease is contracted, the previous inoculations seem, in some instances, to result in lessening the severity of the attacks of coughing and in shortening the course of the disease.

CONTAGIOUS DISEASES WITH A RASH

Chicken pox.—Chicken pox has no preliminary symptoms. The first suspicion of infection is the discovery of a rash. The rash as a rule begins on the back and on the chest. It consists of a small red spot, which gradually enlarges to the size of a black-headed pin, with a small water-blister in the middle. New spots come out for about three days. Chicken pox is con-

tagious during the period that the rash is coming out and possibly a few days longer.

A child with chicken pox should be isolated for at least a week and it is better to keep him from other children until the skin is clear. Children who have come in contact with chicken pox usually come down with the disease in about three weeks. These children may be allowed to go about without restrictions for the first ten days after exposure, but they should be kept away from other children for the next twelve days. Temporary immunity may be produced by the injection of the serum of the blood of a person recently recovered from the disease.

German Measles.—German measles begins like measles, except that the disease is much milder and, as a rule, there is very little swelling or redness of the eyes. The rash in German measles is less extensive in character and usually appears quite uniformly in all parts of the body at once. German measles is infectious from the first appearance of temperature until after the rash has disappeared. Children should be isolated for a week, or as much longer as the doctor may think it is desirable. The rules for contacts are the same as in measles.

Measles.—Measles begins like a cold in the head, with running nose, reddened eyes, and a cough. The

rash usually does not appear until the third day. Measles is contagious from the very beginning of the fever, five days before the appearance of the rash, and until the rash disappears. Children ill with measles should be isolated for a week from the appearance of the first symptoms, and for as much longer as the doctor may think it is necessary. Children who have come in contact with measles usually come down with the disease in about two weeks. They may be allowed to go about freely for a week after the exposure, but they should be kept away from other children for the following ten days.

A temporary immunity against measles may be produced by the use of the serum from a person who has recently had the disease. This is to be recommended under certain conditions where infection presents unusual danger.

Scarlet fever.—Scarlet fever usually begins with a high temperature and a sore throat, often accompanied by vomiting. At the end of twenty-four, thirty-six, or forty-eight hours a rash appears. Scarlet fever is spread by discharges from the mucous membranes, nose, ears, or glands. The peeling is not contagious.

Children with scarlet fever should be isolated for at least four weeks, and for as much longer time as the doctor may think it is necessary. Children who have

Disease	*Incubation*	*Duration of Quarantine*	*First Symptom*	*First Treatment*	*Isolation of Exposed Children*
CHICKEN POX	Ten to twenty-one days	Till skin is clear	Rash	Bed. Touch spots with tincture of iodine. Prevent scratching	Tenth to twenty-second day
DIPHTHERIA	A few days	Until three negative cultures on successive days	Croupy cough or sore throat	Antitoxin. *Call doctor at once*	Till cultures negative (*See text*)
GERMAN MEASLES	Fourteen to twenty-one days	Till rash is gone	Cold. Cough	Bed. Force water	Tenth to twenty-second day (or it may be omitted)
MEASLES	Ten to fifteen days	One week after appearance of rash	Cold. Running nose and cough	Bed. Force water. Albolene for nose	From one week after first exposure to sixteen days after last exposure

Disease	*Incubation*	*Duration of Quarantine*	*First Symptom*	*First Treatment*	*Isolation of Exposed Children*
MUMPS	Fifteen to twenty-one days	One week after swelling has gone	Swelling. Pain on opening mouth	Bed. Hot-water bottle or ice bag	Fourteenth to twenty-second day
SCARLET FEVER	Two to seven days	Five weeks. Until no discharge from skin or mucous membranes	Fever. Usually sore throat. Often vomiting	Bed. Milk diet. Force water	One week
WHOOPING COUGH	One to three weeks	Four to six weeks, during presence of catarrhal symptoms and whoop	Paroxysmal cough, worse at night and at meal times	Cough medicine. Preventive inoculation	Two weeks from last contact

come in contact with scarlet fever usually come down with the disease within one week.

Smallpox. — Due to the general custom of vaccination, smallpox is now rarely seen in children. It is to be remembered, however, that not many years ago smallpox was one of the fatal diseases of early infancy. It is becoming much more prevalent in states where there has been a relaxation in the practice of vaccination. Mothers should be sure that their children are vaccinated. This should be done during the first year and again before entering school. If the primary vaccination does not take, it should be repeated at the end of two weeks and this practice continued until a successful vaccination has been obtained, or until a physician advises a delay for a longer period. Secondary vaccinations need not be repeated.

PREVENTIVE INOCULATIONS

Chicken pox: Same as measles. Rarely necessary except to control epidemics in hospitals and institutions.

Diphtheria: Toxin-antitoxin between the sixth and twelfth month. Schick test six months later.

Measles: Inoculation with immune serum to give temporary protection when this is especially desirable.

Scarlet fever: Inquire of your own physician.

Smallpox: Vaccination before one year old and again before going to school.

Typhoid fever: Inoculation with vaccine if in community where typhoid occurs frequently, or if traveling.

Whooping cough: Inoculation with vaccine if intimately exposed to disease, or in early stage of disease (*results uncertain*).

IX

TRAINING AND EDUCATION

THE physical care of children is an easy matter compared with their training and education. It is not difficult to indicate definite rules which should be followed in directing the growth and development of the body, but it is impossible to give specific directions for the guidance of mental development. This is so because every child has an individual personality and differs materially from every other child. This difference in temperament should be considered in connection with all the relations of a child. There is no mould into which every child may be fitted. Parents must not expect each child to be like every other one of their own or of their friends. No particular "type" is necessarily superior to another; comparisons are of no value and are often harmful. A child should be trained or guided so as to develop the best out of his or her individual personality—not to be like some other child or some imaginary model. No one rule will apply to all children. The most that can be done is to state certain principles which should form a basis for action. These the mother should apply to her own child.

It is to be borne in mind that the period from infancy to six years of age is even more important for mental training than for the supervision of physical development. The brain grows very rapidly during these years. At six years of age the brain has reached ninety per cent of its adult size.

To appreciate the transformation that takes place in a child between the ages of two and six years it is necessary only to contrast his condition at the two periods. At two years of age a child has just begun to walk easily and to maintain his balance without difficulty. At six years of age he is able to walk freely and to run and climb. He has gained a control over his legs almost equal in degree to that of the adult. At two years of age a child is saying sentences, but short ones, and expressing only simple ideas. His vocabulary is limited. At six years of age he is usually reading from a book, is talking fluently, and has a large vocabulary. At two years of age a child will grasp objects and perhaps make marks upon a paper. At six years of age he is able to print, to draw, to weave, and to sew. He has gained excellent control over his hands. At two years of age a child's special senses have not been trained to give him a wide knowledge of the world about him. The understanding of the impulses received from the eyes, the ears, the nose, the tongue,

and the finger tips is limited. This has been entirely altered by the sixth year.

During this period of mental development habits of thought and action are established on which a child's permanent character depends and which he can vary in later life only by hard and persistent effort. This is the golden time for training and education.

Some children do not start life with an even chance. Due either to some abnormal prenatal development or to some injury at the time of birth, mental and physical growth—one or both—do not go forward in a normal manner. These children have a handicap which makes it necessary to give them special consideration. Every such child presents an individual problem calling for an individual solution, and deserves the parents' best thought, in order that his progress may be as nearly normal as possible, and that his mental or physical limitation may be reduced to a minimum. The character of his handicap, whether of brain, eye, ear, or some other part of the body, makes the treatment different for each child. If there are other children in the family, they also must be considered, for a "queer" brother or sister may cloud the happiness of the others. On the other hand, such an unfortunate child may be made to serve to develop unselfish traits of character in a whole family. It is a difficult subject.

The influence of a feeble-minded or a crippled child in a community and the reaction of such a child to his environment make the question so complicated that no general advice can be given. What ought to be done can be decided by a physician only after special study of the individual child and the environment surrounding him.

Nervous children need to be pitied, not blamed. Like spoiled children, they are the innocent victims of their parents' misdemeanors. Most nervous children are nervous not because they were born so but because they were made so. The making of nervous children begins in the care and management of the infant. The hectic mother who rushes from one thing to another, who does what she can for her child "between times," who takes him to the movies because she wants to go herself, who trots him round from pillar to post, who lives in a whirl all day and drags him with her, who plays the victrola by day and listens to the radio by night, whose home—or house, it is hardly a home—is in a constant state of confusion, usually has a nervous child. She wonders why—but the answer is simple. Children should live in an atmosphere of tranquillity, of freedom from bustle and hurry, of absence of worry. They should live where there is harmony between parents, not constant back-talk and bickering. The

temperament of the child is in most instances a reflection of the atmosphere of the home. Sometimes this reflection of nervous tension is very acute because the child is especially sensitive and catches the pitch easily. These children need greater composure in the family and quiet in their environment, for their response is quick in that direction also. A nervous child should be removed from an atmosphere of stimulation or irritating influence to one of soothing harmony.

Children sometimes acquire habits which are difficult to overcome. In general these are most easily corrected by ignoring the habit and by substituting a positive activity in its place. It is often necessary to make the performance of the habit impossible, either by restraint or by constant watching, unobserved by the child.

Biting of the nails can often be prevented, especially in an older girl, by stimulating her interest in the care of the nails; by showing her how well her mother's nails look; by buying her a manicure set; or by taking her to a manicurist. This appeal is less effective with boys than with girls. The application of bitter substances is usually not effective.

Sucking the thumb or fingers should be prevented by restraint or by giving the hand something to do. The earlier the habit is broken the easier it is to accom-

plish. It is best corrected by not allowing it to develop.

Masturbation in young children has no sex-association; it should not be imposed with a moral significance. To lecture the child about it will usually make the habit worse. The act is usually performed in times of idle boredom; the wise mother sees to it that these times shall not occur. In the youngest children restraint of the hands or tying the feet at night may be effective.

Good habits are easily taught at this age. Washing the hands before meals should never be forgotten. It is a habit to be practised by adults as well as children—a positive health-measure. Regularity has been mentioned already as important, and cannot be overemphasized: meals at the same time every day, sleep the clock around, a daily bowel-movement. All these habits serve to keep children well.

Training of the hands should be begun at an early age. Sometimes a child is naturally left-handed; it is better to let him use his left hand for most things, as control of it is much easier for him to acquire. It is wise, however, to teach him to write and to eat with the right hand. This makes him much less conspicuous among other people. If he can be taught to use both hands equally well for everything it will be useful under many circumstances.

The guidance of children of school age is, in a considerable measure, under the school authorities. A large part of the child's life, except the time spent in sleeping and eating, is away from the parents. Theoretically this time is spent with persons adequately trained to guide the mental development of children, but how far this is from being the case every thoughtful parent knows. The age period between two and six years, which is of much greater importance, so far as habit and character formation is concerned, than any later years, is or should be spent almost entirely under the direction of the parents. In the fifth and sixth year a part of the time may be spent in a kindergarten or nursery school. These agencies offer a valuable opportunity for the training of children.

The supervision of a child's development given by his parents should be a conscious direction. It ought to be undertaken as a real responsibility. It requires the exercise of a maximum amount of intelligence. Parents cannot direct a child's mental development by occasional, casual instruction. Their contact with the child should be constant and intimate.

The habit, in parents, of entrusting the training of children to others is much to be deplored. Children should not be left to nurses or governesses unless the parents are willing to accept the product of their

training. It is especially important to recognize this because, whether parents wish it or not, example is of so much more value than precept in influencing children. The child will adopt the point of view toward life and things of the persons with whom he is most closely associated. Most of the obvious similarity of parents and children is assumed to be the result of heredity, when as a matter of fact most of it is due to the direct influence of example. Children naturally do what they see their elders do. Parents are often conscious of things in themselves which they wish were different and which they do not wish to have perpetuated in their children—their own mannerisms, or modes of speech, or attitudes toward people or things. They ought to realize that the surest way of protecting their children from the "inheritance" is to correct these undesirable characteristics in themselves. Self-discipline for the sake of one's children is one of the hard lessons of parenthood, but it is by this road that improvement of one generation over another takes place.

Children are imitative by nature. They copy a state of mind as well as an action of the body. This power of imitation is a part of the process by which a child adapts himself to his environment, and is the same process which makes an adult in a new situation

watch an experienced person to determine the accepted method of procedure. By imitation also a child acquires ability to perform certain acts which have been developed by his ancestors, both direct and indirect, through many centuries. Environment is the greatest force in the life of the child after he arrives in the world, and in many instances it takes precedence as a determining factor in his life over heredity, which operates before the child is born and which no one can control.

Curiosity is a force in development which furnishes the incentive for exploring the new world. It is much to be encouraged. Remember that a child's only means of learning are by his own experience and by asking questions of others. We must let these two methods operate, so far as possible, without restraint. Experience is the great teacher. One sees and hears children surrounded by prohibitions of every sort when, if left alone, none of the things the parent warns against would harm the child, and by experimenting with them he would learn many valuable things. A child learns in time and by degrees the things which he should avoid. It is one thing to warn a child against playing with matches—quite another to restrict a hundred useless, but to him interesting activities. In many small things it is advisable to let him discover

for himself the results of certain acts, although the outcome may be unpleasant.

In general, he should be protected only from the experiences which will do him actual harm, but protection from those should be complete and effective, not partial and so unsuccessful. If a child is left free to go in the street and is run over by an automobile, the fault is not his but his guardian's. He may have been told to "look out," but at four years of age he can hardly be expected to be able to exercise care sufficient to furnish protection.

He should be protected also from sudden frights, which often create a deep impression and may become a basis for the fears of later childhood and adult life.

A child should have the joy of discovery. It is the means of creating and keeping alive a real interest in life. By it one gains the satisfaction of personal accomplishment. Do not do everything for a child. Do not always tell him how. Do not constantly direct his play. Be ready to give him help when he asks it; guard him against injury; otherwise leave him to work out his own salvation. This takes time and infinite patience. It is easier to proceed the other way, but not so good for the child.

Answer a child's questions intelligently—always give him a satisfactory answer if possible. Some ques-

tions are very difficult and a complete answer is beyond the comprehension of the child. The knowledge will eventually come, but he cannot at present understand it. This refers to many matters—questions of sex among them. Nothing is to be concealed from a child when the age of comprehension arrives, but in these matters it is certainly unwise to anticipate his desire for knowledge. Treat him honestly. These difficult questions go in the same group with questions about electricity, the tides of the ocean, and many other similar matters. Treat them in the same manner.

Parents should cultivate the confidence of a child so that he comes naturally to them for all kinds of information. If this confidence is complete, a child will soon realize that the best time to ask questions is when he and his parents—or usually the mother—are quietly alone together. If he has been trained in politeness, he will learn to recognize that it is not for him to occupy the entire time of his parents when other adults are present.

In all relations with their children parents should be truthful. A child is quick to detect deception. He will remember answers to questions. If later he finds these answers were not honest, he will lose confidence in the person who made the answers. Questions about God and religion are hard to answer, but here and

always the best guides are truthfulness and honesty. Parents should say in the simplest terms what they believe to be true. They should take a broad-minded attitude and avoid dogma and controversy.

Closely allied with curiosity, and of equal importance in the development of the mental life of the child in relation to his environment, is imagination. At first all the world is strange and each new experience is an adventure. Things which are commonplace to grown-ups and events of which the causes are easily understood by adults seem miraculous to the child. Fact and fancy are indistinguishable. He finds himself surrounded by a world of wonderful things. The real and the unreal are of equal value and stability. Imaginary influences are constantly at hand. A doll has real life and feelings. The make-believe cup of tea has true flavor. To fail to realize this is to miss the spirit of child life. Adult values are of no significance to a child, except as he learns to differentiate the real from the imaginary.

If parents once get this understanding of the child's mental and spiritual life their whole attitude toward the child's words and deeds is altered. One is prone to impose upon the child adult mature life, full-grown; worse still, to make him accept one's own life, imperfect, irregularly developed, full of prejudices, often

selfish. The aim should be to direct, guide, and help a child in his expanding knowledge of life, in order that he may avoid one's own shortcomings.

This needs unlimited patience and unfailing kindness. There is no relation in life where the Golden Rule is so important. The reactions which a child gets to new experiences and new ideas may determine his attitude of mind for a lifetime.

Fear is one of the worst mental attitudes for a child to acquire. Its effects are of long duration, often permanent, and may furnish a handicap throughout life. A child may be afraid of real or imaginary objects and persons. Fear is sometimes instilled directly by parents and nurses as a means of obtaining submission. This is an absolutely unjustifiable thing to do. Fear in children is often an imitation of the fears of others; frequently it is a reaction to sudden unpleasant or disagreeable situations. It is stimulated by stories of terrifying experiences; or of terrible monsters and beasts lurking in the dark and unexplored regions, ready to inflict bodily harm; or by a natural phenomenon such as lightning, which is pictured as an instrument of misfortune and destruction.

If a child is afraid to go to sleep alone in a dark room, until the fear is overcome he should not be forced to stay by himself without a light. Confidence

can usually be established by gradually withdrawing the light, first into the hall or the next room with the door between open, then downstairs, and then leaving no light at all. The door can be left wide open at first and in the end entirely closed. If no terrifying stories are told, and if babies start sleeping in a room alone, there should be no difficulty of this sort in the later years.

The proper attitude to establish in a child toward a new experience is that of self-reliance and confidence. This is not to be confused with conceit. It is a counterpart of the heroic spirit which goes forth to meet the new day or the hard encounter with the expectation of a successful outcome. It is fostered in later childhood by stories of those who have won victories against adversities of every description.

The beginning of the right attitude toward the world is in avoiding fear and establishing confidence.

Truth as an abstract proposition means nothing to a child. He sees no difference between right and wrong because he has no standards by which to take the measure. These standards he learns in time as he discovers the difference between real and unreal objects and ideas. One must be willing to wait for this time of comprehension on the part of the child. There is no harm in fairy stories or in a belief in Santa Claus

because, after all, the fanciful characters are not less real in fact than many other persons and objects with which the child surrounds himself. They fall into their proper perspective when the real world emerges on a sure foundation in the child's mind and the imaginary world comes to occupy a diminishingly important position. Until this time comes in the life of a child the parents' attitude should be one of helpful and understanding guidance—not of severe censure because the child says and does that which to the parents seems foolish and untruthful. A child is often unjustly accused of lying or of stealing when in reality he fails to realize that he is untruthful because he has not discovered the unreality of some experience; he fails to realize that he is misappropriating property because he has not yet appreciated the significance of ownership. To the child the whole world is his. Individual possession he learns only as experience broadens. Until this knowledge is fully established a thing cannot be "stolen."

When a child clearly understands that he is making a statement which is untrue or that he is taking things which belong to someone else, this is a deliberate violation of his own sense of honor and cannot be allowed to go on unreproved. He must be punished promptly and severely enough to make a definite impression.

The power of the daily example of adults in whom the sense of truth and respect for the property of others are daily shown will accomplish more in establishing veracity and honor in children than any amount of precept.

During the inquisitive and imaginative period of childhood parents should guide and direct a child's development and not surround him with numerous restrictions to his activities. A constant saying of "Don't do that," "That is n't the truth," "You must n't say things like that," furnishes a basis for a merely negative existence. A limitation of initiative, and often a rebellious spirit with a tendency to become secretive instead of frank and confiding, may result. The best way to stop an undesirable action is to substitute a desirable one in its place. Mental and physical activity will go on constantly. Parents often act as if the child's life could be spent in physical and mental blank. Such will not be the case.

Every child must be taught to obey. This is difficult to accomplish, but the trouble is often more with the parents than with the child. Obedience is based on the confidence of a child in his parents. It is prompted by mutual affection and by a recognition of this by the child. The attitude of the parent toward a child should be reasonable, and not arbitrary. Requests

made ought to be for the good of the child and not merely for the personal convenience of the parent.

Obedience should be demanded and obtained at all times, in private as well as in public. It cannot be spasmodic and be successful, but can be acquired only through the exercise of unlimited patience by parents. It cannot be taught hurriedly. Training must begin early, indeed, immediately after birth. Irregularity of feeding, an interrupted routine, yielding to the demands of a baby crying to get his own way—all these make the securing of obedience in later childhood more difficult.

Parents must be ready to show or explain to children the reasons why things should be done in a certain way or at a certain time. When it is impossible to give the reason, a child should have sufficient confidence in his parents to accept and act upon their wishes, in the knowledge that they desire a thing only because it is best for him.

Punishment is one of the hardest subjects to discuss because it is such an individual matter. The object of punishment is not to inflict physical or mental pain, but to impress upon a child the importance of obedience. This may be in connection with positive action or with abstaining from certain expressions of speech or from deeds. Unless punishment accomplishes this object it fails in its purpose.

There is real danger in too great severity of punishment. It is never justified as an outlet for the parent's ill feeling. If possible, the reason a child said or did the forbidden thing or failed to act in accordance with the parent's wish should be discovered. Then if punishment is necessary it is desirable to make it fit the crime: to make the punishment bear some evident relation to the misdeed. Prizes and rewards may be useful in some instances. They sometimes serve, however, to establish a false attitude toward actions which should be performed simply because they are right, irrespective of the immediate effect upon the individual.

The assignment of tasks is subject to the possible objection that a necessary act, not unpleasant in itself, becomes irksome because required as a punishment and repeated to the point of monotony.

Whipping or spanking is usually resorted to as the easy way of securing the submission of a child to his parents. It is an admission that physical force is the only method of control: acknowledgment of failure. It is usually done in a temper and on impulse.

The more complete the confidence between a child and his parents, and the more intelligent and patient parents are in dealing with the child, the less punishment of any kind is necessary. Often it seems necessary at a given time because of a situation that might

have been averted if the parent had had a better understanding of the child. The situation may result from error in management a short time before; or it may be the result of previous months or years of bad training, when habits of obedience should have been established. Haste is an enemy to the formation of the proper relation between a child and his parents. Other things are put first by the parents and the child waits for a more convenient time, which never arrives.

Play is a very important factor in the life of a child. It should be free, spontaneous, and as far as possible without interference from adults. Children should be left alone when they are playing and not made to do what an adult might find enjoyable. Simple playthings furnish as much pleasure to children as complicated, expensive toys—perhaps more. Those toys which have some connection with real life attract the child in fuller measure. A sand box under a shady tree in summer gives infinite joy and tends to limit somewhat the tendency for too much exercise. Pasting pictures in books, weaving colored papers, painting pictures of animals, and other simple diversions are much better than difficult games and complicated apparatus.

Imitation of the world comes instinctively to little men and women. Watch a girl with her dolls: she

gives them names and endows them with personalities quite as if they were real babies.

It is important for children to be given the opportunity to develop a social disposition. Solitariness may foster selfishness. The give-and-take between children is good moral discipline.

Education between the ages of two and six consists largely in helping a child to gain control of his body, his mind, and his will. He learns to walk, to run, to climb; he learns to talk and sing, to use his hands in performing the ordinary deeds of daily life and in writing. He also learns to understand, to think, to decide, and to act. Of course he acquires knowledge of the world about him, but this is largely by personal experience with his own immediate environment; except in a few instances it does not extend beyond the activity of his special senses.

The question whether a child should go to kindergarten or a nursery school is an individual matter. The solitary child will usually benefit from association in play and work with other children. Many parents are unable to give to their children the amount of time which is necessary for their best development, and those children are better off in school for a part of each day than they would be at home. Very few parents have had any instruction in child-training and many

parents have no instinct for the guidance of their children. The task is too often left to nursemaids, who are usually conscientious and do the best they can; but they also, as a rule, have had no instruction in training children. The kindergarten and the nursery school are substitutes for what a child ought to be able to receive in his own home but, because most young women do not go to a school to prepare for parenthood, the substitutes are the better equipped.

Books and stories should be selected with care. Impressions of fear may be created which are never entirely forgotten. Thrilling tales of adventure should be postponed until well beyond the sixth year. Simple tales about flowers, birds, and animals, and about the wholesome imaginary inhabitants of the surrounding air, furnish the subjects which should occupy the mind of a child when he turns to his picture book or sits on his mother's lap for a story. The grown person is apt to underestimate the intense interest a small child may have in subjects of the simplest character. It is not too early during the fifth and sixth years to begin to tell and read stories to children about their bodies, about the use of food, and about the value of sleep and healthy habits.

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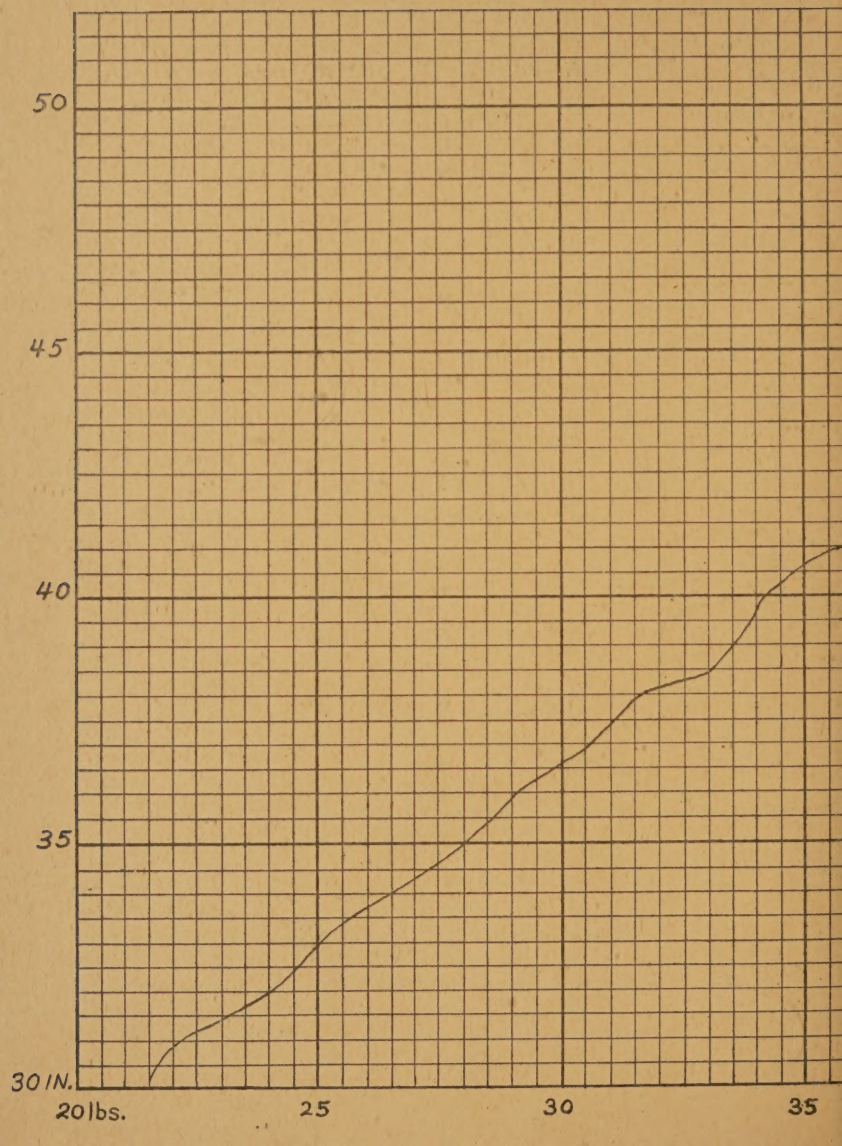
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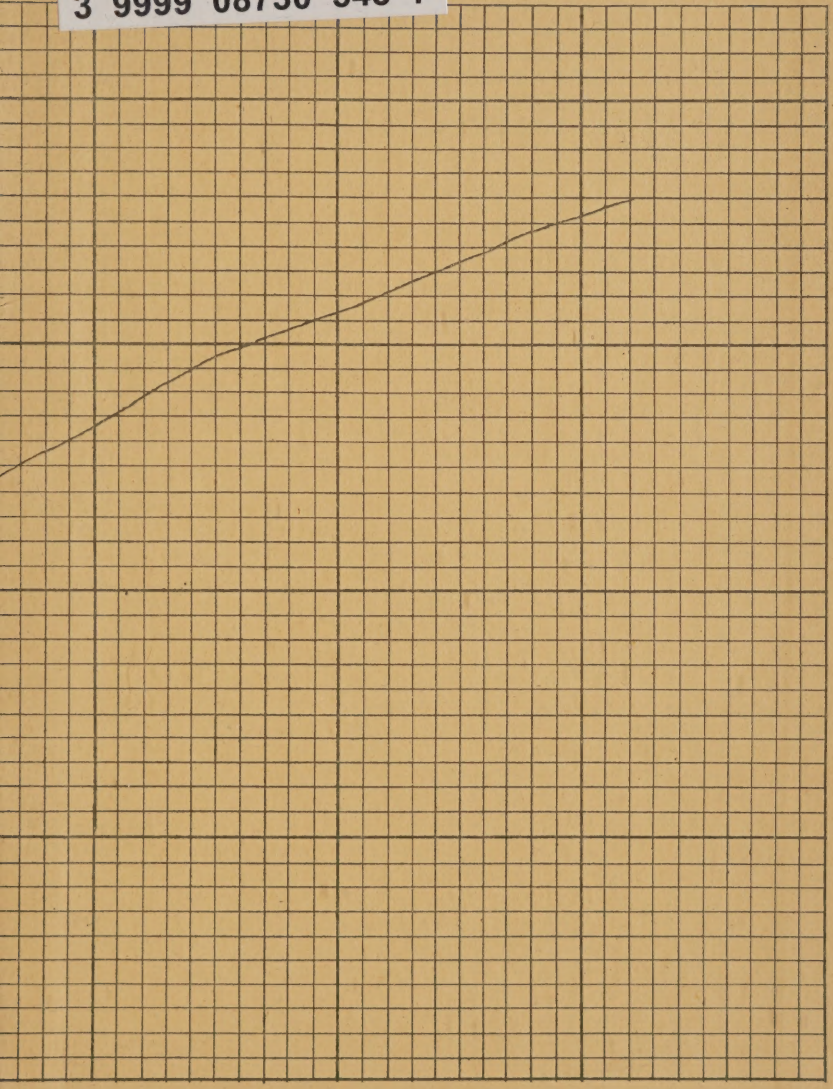

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